

TRANSMITTAL FORM

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Confirmation No.	8936
Application Number	10/666,817
Filing Date	September 17, 2003
First Named Inventor	Buist
Group Art Unit	3621
Examiner Name	Joshua Murdough
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> After Allowance <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Transmittal of Replacement Drawing(s) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Executed Declaration for Utility or Design Patent Application <input type="checkbox"/> Executed Power of Attorney to Prosecute Patent Applications Before the USPTO with Copy of Executed Assignment Document <input type="checkbox"/> Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS

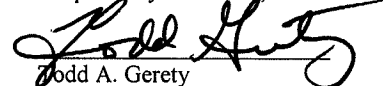
Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: November 17, 2010
 Reg. No.: 51,729

Tel. No.: (617) 526-9655
 Fax No.: (617) 526-9899

Respectfully submitted,



Todd A. Gerety
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600